



Lenexa Pool Rental Form:

**No rentals after Saturday, August 6, 2016. Call the Lenexa Community Center for availability, at 913-477-7100; subject to final approval from the Aquatics Supervisor.*

Pool Rental Fees: 2 hours- \$420 1.5 hours- \$350 1 hour- \$270
Concession Rental Fees (does not include food): 2 hours- \$20 1.5 hours- \$16 1 hour- \$12

Facility: ☐ Ad Astra Pool, 6:15pm-8:15pm (must begin at 6:15pm, Sundays only) ☐ Flat Rock Creek, 8:15pm-10:15pm (must begin at 8:15pm, daily)

Rental Date: _____ **Rental Time:** _____

Main Contact Name (Must be a Lenexa Resident): _____ Main Contact Birthdate: ____/____/____
Address: _____ City: _____ State: _____ Zip: _____
Best Contact Phone Number: _____ Best Contact E-mail Address: _____
Emergency Contact Name: _____ Emergency Contact Phone: _____
Group or Organization Name: _____ Estimated # of Attendees (Up to 250): _____

Select payment option: This form can be walked-in to the address below. Please do not put your credit card number on this form; in person only.

☐ **Check** (Payable to: City of Lenexa) ☐ **Cash** ☐ **Credit Card** (Visa, MasterCard, American Express, Discover) **Total Due: \$** _____

TERMS AND CONDITIONS OF THE POOL RENTAL

1. All City of Lenexa, Kansas ordinances and the pool safety rules MUST be observed at all times.
2. Pool rentals will take place after the regular operating hours of the swimming pool.
3. The person responsible will be liable for any and all damages that occur to the facility during the rental. All personal and group property must be removed at the end of the rental.
4. Alcoholic beverages and cereal malt beverages are not permitted at any time.
5. Pool rentals cannot run past 10:15 p.m., prevailing time.
6. Pool rentals will follow the Parks and Recreation inclement weather policy.
7. This rental agreement is not transferable to any other person or group.

Program Waiver: I, the undersigned Participant (if over 18)/Parent/Guardian (Please circle one), understand and agree that the City of Lenexa, Kansas, is not and shall not be responsible for or liable for any illness or injury to person or damage to property that I (or the participant, if a minor) may suffer as a result of participation in the above-referenced program(s). I hereby forever release and hold harmless the City of Lenexa, Kansas, its employees, agents and representatives from any and all claims of any kind that I, or my respective heirs, executors, administrators or assigns, may have or claim to have resulting from participation in said program(s). I further authorize the City of Lenexa, Kansas to use at its discretion any photographs or video(s) taken of me (or the participant, if a minor) while participating in the program and waive any and all claims that I or the participant may have or claim to have resulting from such photograph(s) or video tapes. I HAVE READ AND UNDERSTAND THE WAIVER STATEMENT, THE REGISTRATION INFORMATION AND THE CANCELLATION POLICIES; THE REGISTRATION IS NOT VALID WITHOUT AGREEING BELOW.

Signature of Participant/Parent/Guardian

Printed Name of Participant/Parent/Guardian

Date: